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ABSTRACT

A four part instrument for empirically answering how stigma, seriousness of problem, student attitudes, counseling experience, and information affect student usage of the university counseling facilities is discussed. The four parts, completed by 181 students, include: (1) biographical data; (2) five sub-scales derived through item analysis with good internal consistency and homogeneity; (3) a checklist of problems; and (4) whom subjects would take problems to. Results indicate: (1) that subjects are favorable to the concept of counseling; (2) that the stigma of seeking counseling is of little concern; (3) that subjects generally have little information about the counseling center and the counseling process; (4) that friends, close relatives, faculty, and psychological services, in that order, would be chosen for help with personal problems; and (5) that depression, choice of major, and the future are the most common problems, while drugs and alcohol are the least common. (Author/TL)

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WHY SOME STUDENTS DO NOT USE UNIVERSITY COUNSELING FACILITIES

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WHY SOME STUDENTS DO NOT USE UNIVERSITY COUNSELING FACILITIES

Previous research on the effectiveness of counseling centers has concentrated on the counselor, the counseling process, and those students using the center, but the reasons other students do not use the services has not been systematically investigated. Rust and Davie (1961) hypothesized (without directly questioning the students) that reasons for non-use of counseling facilities were students' feelings that their problems were inappropriate or not important enough to discuss with a counselor, that the sessions might not be kept confidential, or that they were uncomfortable with the counseling situation. Form (1952) said that the effectiveness of a counseling center depended on its positive evaluation, the attitude being the climate of opinion predisposing one to view it favorably or unfavorably. He found that the attitude toward the counseling center at Michigan State College was generally good and that about 60% of the students there had used the counseling center. In contrast, both available statistics (3.5%) and estimates of Counseling Center administrators (approximately 5.0%) indicate a low frequency of use at this university.

Student characteristics research (Berdie and Stern, 1966) indicated that students who sought counseling were not atypical in aptitude for college work, high school scholarship, college achievement, or personality characteristics. In a study done by King and Matteson (1959), those who visited the center between one to five times had a more positive attitude than those who had either never been there or who had been there more than five times. They suggested that those who had never gone lacked information,

while those who had gone there more than five times were embarrassed to go back if they had not been helped. Hoover (1967) reported that those who did not seek counseling for educational problems felt it was better to solve their own problems; they also perceived less demand for academic achievement and had more outlets for their anxieties than help-seekers. There was, however, some indication that keeping problems to themselves led to more problems. Rust and Davie (1961) found that for help with all kinds of problems, friends were the first choice, parents were the second choice and faculty and psychological services the last choice.

From a longitudinal study which Stringham (1969) did, she felt she could predict, at entrance, who would and would not use counseling facilities. However, she did not answer the important question (which the present study seeks to investigate) as to why some people with problems do not seek counseling, especially since she reported that those who seek counseling seem to be more verbally competent and less in need of a counselor. Form (1952) is the only investigator who directly asked the students what their attitudes toward the center were. Information regarding feelings and attitudes obtained directly from the students seems necessary to the present writers in order to ascertain reasons for non-use of counseling facilities.

Questions which remain to be investigated are the following: do stigma, deprecatory attitudes, seriousness of problems, counseling experience, and information or lack of it effect the usage of counseling facilities? The purpose of the present study is to construct an instrument which will facilitate an empirical attempt to answer these questions. Initially, several S.I.U. students were asked if they would use the counseling center and what their resaons were for saying either they

would or would not use it. From this pilot survey, items were developed and organized into a questionnaire to assess information about and attitudes toward the center as they might relate to the non-use of it. It was felt that definitive response categories must necessarily be included in the design of the instrument and that these categories should be distinct yet be able to provide essential data toward the broad research question, i.e., reasons for use and non-use of the counseling center. Conceptually, these basic categories were as follows:

1) attitudes toward counseling and counselors in general
2) attitudes toward the counseling center specifically
3) amount of information
4) preference to solve own problems
5) stigma
6) problems lack clarity, importance, or understanding
7) previous counseling experience
8) suggestions for improvement

Subjects

The subjects were 181 introductory psychology students in ten sections of a large class chosen from 30 sections. There were 111 males and 70 females with an average age of 20. Each subject received two research credits for participation.

Research Questionnaire

A questionnaire was designed which was divided into four main sections. The first section consisted of biographical data, such as sex, age, grade-point-average, college major, and amount of experience with counseling. The second section consisted of 70 questions based on a Likert-type scale which were balanced for positive and negative wording and randomly arranged on the questionnaire. Questions were about counseling in general, about the counseling center specifically, reasons for not seeking counseling, stigma,

counseling readiness, and suggestions for improvement. There were also several open-ended questions at the end of this section which could be used for additional comments. In the third section, subjects were given 13 hypothetical problems. They were asked to indicate their first choice, second choice, and last choice of whom they would seek help from out of seven possibilities: academic advisor, clergyman, Counseling and Testing Center, close relative, friend, instructor, resident fellow or resident counselor. In the fourth and last section, subjects were asked to check which of these 13 hypothetical problems they had actually experienced.

Procedure

The questionnaire was administered in February, 1970 with standard instructions to take home, complete, and return the next day. There was a 72% return rate.

An item analysis (Scott, 1968) was performed on the 70 Likert-type items to determine which of the items empirically fit into scales. Once scales were derived which had good homogeneity ratios and high Cronbach alpha's (the measure of internal consistency in this study), correlations were calculated between scales to confirm independence of scales. Means and standard deviations were calculated for each scale (a mean of one being strongly positive and five being strongly negative). Tests of significance were performed to determine if the item or the scale was significantly different from a neutral or undecided attitude (a value of three on the Likert scale). Frequency data was calculated for the items on the remainder of the questionnaire and items in the first section were correlated with the scales in the second section.

RESULTS

Twenty-eight percent of the subjects had been to the Center for counseling and 55% had received counseling at places other than the Center. Twenty-eight percent of the subjects had obtained their information about the Center from going there, 18% received it from a friend who went there, and 54% had information via hearsay only.

Out of the 70 Likert-type questions, there were five derived scales:

1) effectiveness of counseling
2) information about the counseling process
3) information about the counseling center
4) stigma
5) counseling readiness

Each scale is internally consistent, has a good homogeneity ratio, and has low intercorrelations with the other scales (Tables 4 and 5).

The following is a breakdown of the major results indicated through the scales (Table 1) and frequency data concerning whom students would seek help from in dealing with their problems (Table 2) and which problems they actually experienced (Table 3). Stigma was reported to be of little concern in seeking counseling. Subjects said their parents and friends would approve if they sought counseling when they needed help. Depression, choice of major, and the future were indicated as the most common problems, personal problems had occurred fairly often, and drugs and alcohol were the least commonly reported problems. Despite these results, subjects were undecided as to whether these problems were important enough to merit counseling.

Subjects were favorable to the concept of counseling, agreeing that it was probably effective and tension-releasing, but when given hypothetical problems, they responded that for most personal and social problems they would seek help first from a friend, then from a close relative, and

never from faculty and counseling services, with the order reversed for vocational/education problems.

There was a consistent lack of information about the existence of the Center as well as about the counseling process. An inverse relationship existed between the amount of information and amount of counseling received, i.e., those with no counseling experience reported having more information than those with counseling experience.

DISCUSSION

Biographical data (such as sex and age) were not found to have a significant effect in this study on the results, which disagrees with what King and Matteson (1959), Hartman (1966), and Hoover (1967) reported. However, it is consistent with Berdie and Stein (1956) who say that those who sought counseling were not atypical.

Although King and Matteson (1959) reported that the most positive attitudes were held by those who had visited the Center between one and five times rather than by those who had never been to the Center or than those who had been to the Center more than five times, in the present study, the subjects who had never been for counseling reported having more information about the Center than those who had been there a few times, while those who had been there for the greatest number of sessions had the least information about the Center. An interpretation for this finding is that some of those who have not been to the Center have a fantasy image of it which is not contested until they actually go there, at which time experience may modify their position. Greater pathology or discouragement with the counseling process may be reflected in the responses of those who have had several sessions and reported having little information.

Rust and Davie (1961) reported that friends were the first choice for help, parents the second choice, and faculty and psychological services the last choice for all kinds of problems. Subjects in the present study also reported this but only for personal and social problems, with the order reversed for vocational and educational problems (Table 2). Perhaps this is a reluctance to take any but the worst personal problems to anyone other than those with whom one is naturally involved. Also in agreement with the Rust and Davie (1961) study, subjects reported that they were not sure that their problems were important enough for counseling. However, Rust and Davie suspected that one reason for non-use of counseling facilities was the students feared lack of confidentiality, but subjects in the present study seemed to know the sessions were confidential.

Hoover (1967) reported that a desire to solve one's own problems had an effect on those who did not seek educational counseling. In this study, subjects were uncertain as to whether it was best to solve one's own problems or ask for assistance, which appears to be a healthy ambiguity. They did concur that keeping problems to yourself can lead to greater problems.

Although not as many students at S.I.U. had used the Center as compared with Form (1952)--Form reported 60% usage and in this study 28% usage (during the approximately two years they had been at S.I.U.) was reported--the attitude toward the Center was also positive. There was a discrepancy between previous statistics which reported a 3.5-5.0% usage (per year) of the S.I.U. Center by the student body and the results of this study which reported a 28% usage. This could be attributed to the inadequate accounting of the frequency of usage at the time of the present study or to sample bias.

The unique features of this instrument appear to be first that it addresses questions to students directly and secondly that it adds a means of quantitatively measuring stigma, opinions on the effectiveness of counseling, counseling readiness, and the amount of information students have about the counseling center and the counseling process. The instrument is such that it could be administered to a counseling center at another university as an aid in their evaluation of their services from the students' viewpoint. It would be interesting to note if the relationship between the scales holds regardless of the particular campus population and what the similarities and contrasts are between the different counseling centers.

Some questions were asked to get an idea of what students would like to see in the way of improvements in the counseling process (these items were not included in the derived scales). Subjects agreed that the Center should be more informal, that every student should have a counselor assigned to him when he enters the university, and the counselor should be available to see the student in the students' environment. While the implementation of these desires may appear to be impractical and uneconomical, they cannot be summarily discarded. Rather these comments should be studied to develop ways in which counseling centers might experiment in order to reach more of the students who are in need of assistance. Even taking these statements a step further, perhaps counseling centers should begin to focus their attention on more preventive-oriented types of services rather than traditional remediation, which may include being available to the student in his own life space rather than in the counseling center. But whatever methods are used to research any of these types of questions, the students' self-report

is critical not only to the answers, but also to the formulation of the relevant questions.

Table 1. Items included in each of the 5 scales.

Scale One--Attitude toward the effectiveness and usefulness of counseling.

1. A stranger couldn't really understand my problems.
2. My problems are none of a counselor's business.
3. It's best to solve your own problems.
4. Anything the counselor might conclude about me would probably be inaccurate.
5. Talks with a counselor can be tension-releasing.
6. The Center is okay for vocational and educational problems but not for personal and social problems.
7. Counselors should only be concerned with areas of vocational adjustment.
8. Counselors are effective in helping to solve personal problems.

Scale Two--Information about what's involved about getting an appointment at the Center and what happens after that.

1. The counseling process at the Center takes too much time.
2. It's difficult to get an appointment to see a counselor at the Center.
3. Counselors are warm and understanding.
4. The Center is convenient.
5. The counselors at the Center take the time to meet each client's needs.
6. There's too much red tape involved in going to see a counselor at the Center.
7. Counselors at the Center treat each student as an individual.
8. There's a complete lack of organization at the Center.

Scale Three--Information about the Center's existence, its trustworthiness, and effectiveness.

1. I don't know anything about the Center.
2. Tests utilized by the Center are a waste of time.
3. I don't know what's involved in going to see a counselor at the Center.
4. I didn't know there was a Center here at SIU.
5. You can't trust anyone at the Center.
6. Student's attitudes about the Center usually improve after going there.

Scale Four--Stigma of counseling (could also be a measure of self-regard).

1. I'd rather do anything than go for help.
2. My parents would approve if they knew I went to a counselor when I needed help.
3. I wouldn't want my friends to know I went to a counselor.
4. People might think I were crazy if they knew I went to a counselor.

Scale Five--Counseling Readiness.

1. My personal problems are important enough to bring to the Center.
2. For some of my problems, I would go to a counselor.
3. If someone I'm close to suggested I go to the Center, I probably would go.

Table 2. Who students take their problems to.

PROBLEM	FIRST CHOICE	SECOND CHOICE	NEVER
"cracking up"	friend	close relative	academic advisor
dating	friend	close relative	academic advisor
depression	friend	close relative	academic advisor
drugs/alcohol	friend	close relative	academic advisor
family	friend	close relative/ clergyman	academic advisor
future	academic advisor	friend	clergyman
getting along with others	friend	close relative	academic advisor
nervousness	friend	close relative	academic advisor
religion/ philosophy	clergyman	close relative	academic advisor
self-confidence	friend	close relative	academic advisor
sex	friend	close relative	academic advisor
studies	instructor	academic advisor	clergyman
major	academic advisor	Counseling and Testing Center	clergyman

Table 3. Percentage of students admitting problems.

PROBLEM	YES	NO	NO REPLY
"cracking up"	17%	79%	4%
dating	32	64	4
depression	71	25	4
drugs or alcohol	10	86	4
family	37.5	58.5	4
future	60	36	4
getting along with others	19	77	4
nervousness	36	60	4
religion and philosophy	26	70	4
self-confidence	38	58	4
sex	22	74	4
studies	51	45	4
choosing a major	49	47	4

Table 4. The homogeneity ratios, total item counts, means, and standard deviations for each scale.

	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5
Homogeneity Ratio	0.321	0.325	0.373	0.322	0.326
Total Items	8	8	6	4	3
Means	2.49	2.91	2.85	1.99	2.53
Standard Deviations	0.54	0.45	0.69	0.53	0.64

Table 5. Correlation matrix for the five scales with the Cronbach's alpha for each scale in the space where each scale would be correlated with itself.

	Scale 1	Scale 2	Scale 3	Scale 4	Scale 5
Scale 1	0.784				
Scale 2	0.385	0.787			
Scale 3	0.302	0.372	0.751		
Scale 4	0.318	0.078	0.116	0.647	
Scale 5	0.317	-0.011	0.102	0.157	0.584

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